

Sexuality, birth control and childbirth in orthodox Jewish tradition

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This paper examines some of the traditional texts that deal with sexuality, birth control and childbirth in the orthodox Jewish tradition and presents the rules governing these areas. For instance, a married woman should avoid being alone with a male physician unless other people are in earshot and have access to the room. A husband and wife must separate during the woman's menses and for the first 7 days afterward. Contraception is permitted if childbearing would endanger a woman's life or health. Termination of pregnancy is also permitted to preserve a woman's health, including her mental health. During childbirth the health of the mother is primary and supercedes all other rules or laws, including those of Sabbath observance. In general, orthodox Jewish women try to live as much as possible within the framework of Halacha. These customs are examined as examples of the need for sensitivity to cultural norms that affect the behaviour of different ethnic groups.

Cet article examine certains textes traditionnels qui traitent de la sexualité, de la contraception et de l'accouchement dans la tradition orthodoxe juive, et il présente les règles directrices dans ces domaines. Par exemple, une femme mariée devrait éviter de rester seule avec un médecin de sexe masculin à moins que d'autres personnes soient à portée de voix et qu'elles aient accès à la pièce. Un mari et une femme doivent se séparer pendant la menstruation et les sept jours suivants. La contraception est permise si la maternité menace la vie ou la santé de la femme. L'interruption de grossesse est également permise pour préserver la santé de la femme, y compris sa santé mentale. Au cours de l'accouchement, la santé de la mère vient au premier plan, et elle a préséance sur toutes les autres règles ou lois, y compris celles de l'observance du sabbat. En général, les femmes juives orthodoxes essaient de vivre dans toute la mesure du possible dans le cadre de la Halacha. Ces coutumes sont examinées à titre d'exemple du besoin d'être sensible aux normes culturelles qui influent sur le comportement de divers groupes ethniques.

Taking care of patients whose culture is different from their own can be a challenge for physicians. Patients' basic and unexamined assumptions about how they live, what they want from their lives and how they should react in a given situation are often incongruent with those of the physician. An understanding of the patient's beliefs should lead to mutual trust and respect.

Orthodox Jewish patients are a case in point. Although they live in modern society their values

and actions often seem inexplicable and irrational to outsiders. Their way of life is based on the *Talmud*, a collection of laws and commentary on the five books of Moses. After the Talmud was codified a Halacha and Responsa literature — based on individual decisions made by rabbis — was developed; it covers key precepts in every life situation, including sexuality, birth control and childbirth.

Many orthodox Jewish patients find themselves misunderstood and embarrassed by the ignorance

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and occasional hostility of health care professionals. In this article I discuss some of the beliefs and customs that affect the physician caring for these patients and common areas of misunderstanding or ethnocultural dissonance.

Yichud: the rules of privacy

There are rules governing behaviour that limit the opportunity for illicit sexual relations or the appearance of indiscretion.

While seeing a male physician a married woman is alone with a man who is not her husband. She should ensure that she is only alone with him if other people are within earshot and the door to the examining room is unlocked; it should be possible for other medical personnel to walk in without being announced. She should also be convinced that the physician is of good moral standing. In general, she should choose a female physician, particularly for obstetric or gynecologic care, but she may see a man if he is, in her opinion, the more competent physician.^{1,2}

Tahirat hamishpacha: family purity

Like eating, sexual matters are hemmed in with many rules and restrictions that serve to control the "anarchic" nature of sexuality. These rules are known as "tahirat hamishpacha," meaning "family purity."

Sexuality is not denied in orthodox Judaism. Intercourse and sexual pleasure apart from procreation are considered important in a marriage.³ The woman's sexual pleasure is an appropriate motivation for intercourse, as are procreation, improving the health of the fetus and satisfying a man's desire within a permitted relationship.⁴ Celibacy is frowned on as disrespectful of God's design, and a man is considered incomplete and unfit for holy studies unless he is married.⁵ In fact, "onah" (sexual visitation) is considered to be a woman's due in a marriage, and a husband who denies this to his wife may be fined or forced to grant a divorce.

The rules of family purity revolve around restriction of the time of the wife's sexual availability. From the first day of the menstrual period there is a time of abstinence of at least 5 days during the flow of blood and of 7 "white" days after the last sign of any bleeding. During this interval husband and wife do not have intercourse or sleep in the same bed, and they are not even allowed to touch. They cannot relate sexually for at least 12 days of the month. After the time of abstinence the return to a sexual phase of life is signalled by immersion in the Mikveh (ritual bath).

Certain medical problems can arise as a result of

this regimen. Intermenstrual spotting and irregular menses of any type, which in other women would simply be a nuisance, become a great hardship when each spot of blood must be followed by a minimum of 7 days' sexual abstinence. Even bleeding caused by a pelvic examination means the woman is "niddah" (sexually unavailable). A woman with an abnormally short menstrual cycle may find herself both sexually frustrated and infertile if her ovulation falls within the proscribed period. Rabbinic dispensation, however, can usually be obtained in these cases to shorten the duration of the niddah. For example, one of my colleagues treated a Hasidic woman who was experiencing spotting after intercourse. A pelvic examination showed that she had a large and friable cervical ectropion. My colleague called the patient's rabbi and explained to him that the bleeding was cervical rather than uterine. The rabbi gave the woman dispensation to ignore the postcoital bleeding, and so she did not need to abstain from sexual activity for 7 days after each spot of blood. My colleague then cauterized the ectropion, because the woman still found it disconcerting to be spotting. The handling of this situation demonstrates how a knowledge of and sensitivity to these issues can help the patient and the patient-physician relationship.

For most couples the usual rules of the niddah period result in resumption of intercourse on day 12 to 14 of the woman's menstrual cycle. Considering the importance of fertility in orthodox Jewish life it should not be surprising that sexual activity resumes just at the point of highest fertility.

The Mikveh signals a change of state to one of greater holiness. For example, men may go to the Mikveh before the Sabbath to signal a change from the workday world to that of holiness. Since one must be completely naked on entering the Mikveh any medical condition that would preclude complete immersion would also prevent a woman from being sexually active. For a broken limb a Fiberglas cast that can be temporarily removed to allow immersion may be much appreciated.

After giving birth a woman is considered to be niddah for 7 days after the birth of a boy or 14 days after the birth of a girl once the flow of lochia has ended. The reason for this sex difference is unknown.

At the time of marriage both partners are assumed to be virgins. Because of the presumptive shedding of blood during consummation the woman is niddah for 12 days after the wedding. Brides prefer to have their menses as soon after the wedding as possible to minimize the time they must be separate from their husbands during the first month of marriage. Many orthodox brides will ask to have birth control pills, which they will take continuously for 3 months before their wedding. This suppresses

their menses, almost guaranteeing that they will not be bleeding on the wedding night. They stop taking the pills immediately after the wedding and have their withdrawal bleed within a few days. Some Halachic authorities, however, do not approve of this. According to Jewish scholars the purpose of the niddah laws is to encourage fertility and to maintain sexual tension within a long-running monogamous relationship.⁶ "My night at the Mikveh is a time of privacy, luxury and renewal," said an orthodox Jewish woman, "and when I meet my husband in the parking lot and we have that first kiss I feel like a bride!"

Contraception

There is a common view that birth control is not permitted for orthodox Jewish women. This is untrue; fertility and having a large family are encouraged as a mitzvah (a good deed or positive religious injunction). There are two basic biblical laws that establish the principles of contraceptive practice. The first is the injunction to Adam "to be fruitful and multiply,"⁷ and the second is the rule against "wasting of the [male] seed."⁸ This has been interpreted to mean that a couple should have at least one male and one female child, a responsibility that devolves upon the man. It is a woman's right but not her obligation to have children.⁹

In the Talmud there are precedents for the use of contraception, both temporary and permanent, in situations that threaten the woman's life or health, including her mental health. Two sets of writing from the Talmud illustrate these principles. First, Judith, the wife of Rabbi Hiyyah, suffered an extremely difficult and painful delivery of her first two children, who were twins. While disguised she then received rabbinic permission from her husband to take a sterilizing potion, the mysterious "cup of roots." Although her husband was distraught when he found out, he did not renege on his decision. Fear of another difficult childbirth was grounds for the use of birth control. However, since the ban on polygamy the Halacha now demands that the husband know and approve of such a decision, since he can no longer marry a second woman, and his obligation to procreate will have been abrogated.¹⁰

A woman, however, need not "build the world by destroying herself."¹¹ In a current example a Hasidic woman had a difficult, painful labour with her sixth child. She lost control and screamed during the last half hour of labour and the birth. Her physician lost his temper and yelled at her. Afterward she was very ashamed of her behaviour and angry at the doctor, whom she felt had betrayed her. She was terrified of giving birth again, because she feared loss of control. The rabbi in this case allowed

the woman to use a diaphragm for 5 years, and during a subsequent pregnancy he suggested that she consult a birthing coach, who gave her private prenatal classes and intrapartum support. The next birth went smoothly.

Another passage in the Talmud that deals explicitly with contraception is the "Baraita of the three women." In this discussion three women who may use a "mokh" (apparently a type of diaphragm of soft cotton) are described: one woman, who is already pregnant, uses a mokh to prevent superfecundation, which would cause her child to "degenerate into a sandal"; the second, a minor or a woman who is not sexually mature, may use a mokh because childbirth would be an unwarranted danger; and the third woman is a nursing mother, who may use a mokh to prevent an early pregnancy, which would place the life of her nursing baby at risk.

The first case is based on the mistaken idea that superfecundation is possible in human pregnancy. The description of the existing pregnancy "degenerating into a sandal" seems very strange. It may refer to the rare occurrence of a fetus papyraceous — a dead fetus mummified against the placenta with the continued growth of a living twin. The ancient rabbis may have heard or seen such an instance and interpreted it as a case of superfecundation.

With regard to the second woman it was quite common for Jewish women, particularly those in the Near East, to be married very young — sometimes as early as 10 or 11 years of age. The rabbis recognized that the risks to these girls were greater than the usual and accepted risks of normal pregnancy. They therefore allowed the use of birth control until the girl was 13 years old or had reached sexual maturity.

It was believed in the case of the nursing mother that pregnancy would curdle the milk in her breasts, which would lead to early weaning and the death of the nursing.

Rabbis have given different interpretations of this passage: if women such as these are *required* to use contraception, other women may be allowed to; if, however, they are *permitted* to use contraception, then no other woman can.¹²

Since birth control is permitted under certain circumstances, which modern methods are acceptable? Contraceptives for men are not allowed. Intra-uterine devices are unacceptable, because they probably prevent implantation rather than conception. The birth control pill is probably the most acceptable method to some authorities, because it is removed from intercourse and interposes no artificial barrier between husband and wife: he may "cleave unto his wife and they shall be one flesh."¹³ Furthermore, the pill has no effect on the sperm. However, some authorities regard it as dangerous to a woman's health and therefore unacceptable. Diaphragms and

spermicides are acceptable to some authorities, because the effect on the sperm is invisible and chemical. The rhythm method is not allowed, because the rules of *tahirat hamishpacha* would mean almost total abstinence, which is against the woman's right to sexual satisfaction.¹⁴

In general many orthodox Jewish patients will use birth control to space their families rather than limit them, since having as many children as possible is a great *mitzvah*. They will also consult a rabbi as to when and which contraceptive to use. If another pregnancy would be truly threatening to a woman's life or health some rabbinic authorities allow sterilization, provided it is reversible.

One should not underestimate how important fertility is to these women's self-image. I was once called to the bedside of a Hasidic woman who suffered from such a severe uterine prolapse that it was decided that another childbirth would be dangerous to her health. She was booked for a tubal ligation the next morning. I was called to the room because the patient was crying and distraught. "Only eight children," she cried, "I'm only going to have eight children."

The rabbi relies on the Halachic literature and current Responsa to guide his decision. He will often, however, consult a trusted physician to clarify the technical aspects of the case.

Termination of pregnancy

Termination is permitted to preserve the life of the mother; it may also be considered if her mental health is at risk or even to protect her from humiliation. Many authorities permit the abortion of a severely deformed fetus on the grounds that it will cause terrible suffering to the mother. If termination is considered, rabbinic authority is required to take what is considered a drastic course of action.¹⁵

Pregnancy and childbirth

Many of the Halachic rulings on abortion cited by contemporary authorities were originally meant to deal with problems of danger in childbirth.

As a rule, the life and health of the mother are the prime considerations. Rashi considered the unborn child a part of the mother's body, with no status as a separate soul,¹⁶ particularly in the first 40 days after conception, when it is considered to be "as water."¹⁷ If a choice must be made between the mother's welfare and that of the fetus the mother's welfare comes first. Even if she has a craving for something that her husband considers to be unhealthy for the fetus he must get it for her.¹⁸

The fetus is considered to be part of its mother's body until its head or the greater part of its body has

emerged. The Mishnah, the earliest section of the Talmud, specifically allows embryotomy to save the mother's life in cases of obstructed labour.¹⁹ Maimonides characterized the fetus that threatens the mother's life as a "pursuer" that may be destroyed without warning.²⁰ Therefore, in medical conditions that threaten the mother's life, such as pre-eclampsia and abruptio placentae, the physician may act expeditiously without regard to the potential welfare of the fetus.

A woman in labour enters into the status of one "whose life is in danger" from the time her membranes rupture or she has a bloody show or can no longer walk during contractions. During this time any laws — for example, the rules of Sabbath observance — may be set aside for her to be cared for. The *mitzvah* of "pikuach nefesh" (saving a life) supercedes all other injunctions.²¹ The woman remains in this state for 3 days after the baby is born. For the next 30 days she is "kimpett" (in the postpartum period) and is exempt from many obligations.²²

During pregnancy a medical examination that causes vaginal bleeding will make a woman *niddah* until 7 days have passed and she has been to the Mikveh. She is also cut off from the physical contact and comfort of her husband. Many women object to going to the Mikveh in an advanced state of pregnancy, so it is important to avoid causing vaginal bleeding. In labour, a bloody show or rupture of the membranes also makes a woman *niddah*, during which her husband may not touch her or her bed or receive anything directly from her hands.

It is traditional for men to read psalms outside the room in which their wives are in labour, but now many will attend the birth. There is a wide range of what is considered acceptable behaviour. The men's desire to support their wives psychologically, their inability to touch them and their ambivalence toward being in the birthing room require tact. They should not be asked to push the bed or wipe their wife's brow. An orthodox Jewish woman often enlists the help of another supporter, such as her mother, a sister or friend, as well as her husband, since he is barred from doing all the hands-on jobs that have defined a husband's role in contemporary childbirth. In facilities that allow only one support person in the labour room a little flexibility will prevent real hardship. Many orthodox Jewish women will labour with a prayer book or a special talisman prayer (e.g., the 123rd psalm) under the pillow, practices traditionally believed to reduce the pain and danger of childbirth. An orthodox woman will try to keep her head and body covered as much as possible during labour.

There is no prohibition on the use of analgesia during labour.²³ Some patients will insist on rabbinic

permission to undergo a cesarean section, since this operation is considered to affect future fertility. A short telephone consultation with the rabbi usually suffices. In an emergency, however, considerations of pikuach nefesh take precedence, and no consultation is needed if delay would be a threat to life.

In the postpartum period the behaviour of some orthodox Jewish patients may cause consternation in the hospital. Although most orthodox patients breast-feed and appear comfortable and competent with their newborns some of the women who have had many children may not spend too much time with their babies, nor are they in a hurry to go home. A mother with eight young children at home often regards those few precious postpartum days in hospital as her time for rest and recuperation. This attitude can be misinterpreted by the staff as a lack of interest, and nurses may fear inadequate bonding.

The calm and practical advice of such mothers can often be invaluable to nervous first-time mothers, and they can be recruited to teach women who have never seen anyone breast-feed.

Because orthodox Jewish women grow up in a society that values and honours motherhood and encourages large families they are often better prepared to deal with babies than the more mainstream patient, who may have had little contact with other mothers and few supports. One of my Jewish patients, a first-time mother aged 18, was breast-feeding confidently when I came in for my postpartum visit. She said that at first the baby had had trouble latching on to the breast. "But then," she said, "I just visualized my mother and my sister breast-feeding and everything fell into place."

The orthodox Jewish woman will try to avoid breaking as many Jewish laws as possible, particularly those involving the Sabbath. She may refuse induction of labour on a Friday, since that makes it likely that she and her husband will have to break some of the Sabbath laws. She will try to leave hospital as early as possible Friday morning or before a Jewish holiday. On holidays or when the Sabbath immediately precedes or follows a holiday up to 3 days may pass before the woman is able to travel, except on foot.

Conclusion

Living according to Halacha is an attempt to provide a moral framework to all actions in everyday life. Although many of these actions seem strange they are based on 3000 years of custom, debate and examination. The laws are not static. Decisions made by rabbis today enter into the Responsa literature, which grows and changes with case experience and changing times, just as medical or legal literature does.

A medical practitioner attempting to be understanding and responsive to patients' needs would be respectful of their religious life. The rabbinic consultant is not trying to control the medical course of action but to help the physician fit what is medically necessary within a Halachic interpretation of what is morally right.

This paper deals specifically with the customs of Hasidic and orthodox Jewish patients, but it is just one example of the importance of culture in medical care. It is not necessary to know the customs of each cultural group. It is necessary to listen to patients and realize that the conventions governing our own behaviour are not necessarily the only truth.

I thank Mrs. Sarah Feiglstock for her insight and her guidance on the Halachic literature and current customs in the Lubavitch community of Montreal; Drs. Michael Klein and Cheryl Levitt, both of the Herzl Family Medicine Unit, McGill University, Montreal, for their editorial assistance and for the provision of some of the case material; and my husband, David Glaser, for his endless love and support and his aid in preparing the manuscript.

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